



Consent to Share Information

Client's Name:	Date of birth:
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The purpose of this form is to obtain your consent for your information to be shared with external practitioners and/or services. By signing this form, or giving verbal consent, you give permission for CatholicCare to collect information from, or release it to, another practitioner and/or service, as identified in section 1. Consent can be provided by the client, guardian or other authorised representative. Written consent is preferred. If written consent is not possible, the practitioner will seek verbal consent from the client or their guardian/representative. As part of seeking consent, the practitioner will discuss CatholicCare's privacy and referral procedures, how and why certain information may be shared with other service providers and the importance of consent. You will be given a copy of this form once completed.

Section 1: Information to be shared

I, (client/guardian/representative's name):	
Give permission for (team/practitioner's name):	
To:	<input type="checkbox"/> Collect information from another service/practitioner <input type="checkbox"/> Release information to another service/practitioner
The following information:	
To/from (name of relevant person and agency/organisation):	
For the purpose of:	

Section 2: Record of consent

The practitioner has discussed with me how and why the identified information about me/client will be shared. I am aware that any information that is shared with the agency or service listed in section 1 is protected under legislation and will be handled in accordance with the Privacy Policy of that agency or service. I understand this and I give my consent for information to be shared for the purpose/s stated.

Written Consent

Client/Guardian/Authorised Representative Signature:	<i>signature</i>	Date:	
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Verbal Consent

I have discussed with the client/guardian/authorised representative how and why certain information may be shared with other service providers. I am satisfied that this has been understood and that informed consent for the information to be shared as detailed above has been given.

Practitioner Signature:	<i>signature</i>	Date:	
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